

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Garrett, James F. Insurance
 Registered Agent
 Companion Property & Casualty
 Insurance Company
 184 Commerce Street
 Montgomery, AL 36104

A. Signature	
<i>Sandra M Carver</i>	
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	
<i>Linda M Carver</i>	
C. Date of Delivery	
6/16	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>O6/16 389 Cullinan P</i>	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7006 0100 0000 7144 1377

77

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540